Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: EASTERN ORFCON UNIVERSITY
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):
Address of Service Provider: ONE UNIVERSITY BLVD., LA GRANDE OR Name of Agent Designated to Receive
Notification of Claimed Infringement: PAUL ROWAN
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): ONE UNIVERSITY BLVD. LA GRANDE OR 97850
Telephone Number of Designated Agent: 541-962-3606
Facsimile Number of Designated Agent: 541-962-3712
Email Address of Designated Agent: prowan @ eou. edu
are of Officer or Representative of the Designating Service Provider: Date: 4/23/05
Ty, 1 . Printed Name and Title: MICHAEL JAGER, PROVOST

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 0 - 00/2008



